

1a. FIRST Joshua		1b. MIDDLE Wayne		1c. LAST Easter		1d. SURNAME PRIORITY MARRIAGE	
2a. SEX M		2b. AGE LAST BIRTHDAY (Yrs) 42		2c. UNDER 1 YEAR Months 0		2d. UNDER 1 DAY Hours 0	
2e. DATE OF DEATH Month/Day/Year April 8, 2016		2f. BIRTHPLACE (Country/State or Foreign Country) Guilford, NC		2g. DATE OF DEATH (Month/Day/Year) October 5, 2016		2h. STATE FILE NO. B10074 PG 0442	
2i. PLACE OF DEATH (Check one box) <input type="checkbox"/> If DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Hospital ER/Outpatient <input type="checkbox"/> NOA <input type="checkbox"/> If DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) [REDACTED]		2j. DECEASED'S AGE AT DEATH Month/Day/Year 0/0/00		2k. DECEASED'S GENDER Male		2l. DECEASED'S MARRIAGE Status Married	
2m. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown Amanda Sue Hicks		2n. SURVIVING SPOUSE (If wife, give name prior to first marriage) Amanda Sue Hicks		2o. OCCUPATION (Do not use retired) Disable		2p. COUNTY OF DEATH Stokes	
2q. SOCIAL SECURITY NUMBER [REDACTED]		2r. RESIDENCE-STATE OR FOREIGN COUNTRY North Carolina		2s. COUNTY Stokes		2t. CITY OR TOWN Pine Hall	
2u. STREET AND NUMBER [REDACTED]		2v. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No		2w. ZIP CODE 27042		2x. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2y. NAME OF DECEASED (For use by Physician in Institution or Medical Examiner) Joshua Easter		2z. DECEASED'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or Hilda Louis) <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Filipino		2aa. DECEASED'S HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input checked="" type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) [REDACTED]		2ab. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Hilda Louis	
2b. PARENTS' NAME (First, Middle, Last) Joseph Easter		2b. RELATIONSHIP TO DECEASED Wife		2b. PLACE OF DISPOSITION (If other, specify) Guilford Cremation Service		2b. LOCATION (City, or Town and State) Greensboro, NC	
2b. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) [REDACTED]		2b. LICENSE NUMBER FD 3862		2b. NAME OF EMBALMER NOT Embalmed		2b. LICENSE NUMBER [REDACTED]	
2b. SIGNATURE OF FUNERAL DIRECTOR Clint D. Smith		2b. SIGNATURE OF FUNERAL DIRECTOR Clint D. Smith		2b. SIGNATURE OF FUNERAL DIRECTOR Clint D. Smith		2b. SIGNATURE OF FUNERAL DIRECTOR Clint D. Smith	
2b. NAME AND ADDRESS OF FUNERAL HOME BURROUGHS FUNERAL HOME PO BOX 471 WALNUT COVE, NC 27052		2b. NAME AND ADDRESS OF FUNERAL HOME BURROUGHS FUNERAL HOME PO BOX 471 WALNUT COVE, NC 27052		2b. NAME AND ADDRESS OF FUNERAL HOME BURROUGHS FUNERAL HOME PO BOX 471 WALNUT COVE, NC 27052		2b. NAME AND ADDRESS OF FUNERAL HOME BURROUGHS FUNERAL HOME PO BOX 471 WALNUT COVE, NC 27052	
2b. MEDICAL CERTIFICATION [REDACTED]		2b. MEDICAL CERTIFICATION [REDACTED]		2b. MEDICAL CERTIFICATION [REDACTED]		2b. MEDICAL CERTIFICATION [REDACTED]	
2b. IMMEDIATE CAUSE (Final disease or condition resulting in death) [REDACTED]		2b. IMMEDIATE CAUSE (Final disease or condition resulting in death) [REDACTED]		2b. IMMEDIATE CAUSE (Final disease or condition resulting in death) [REDACTED]		2b. IMMEDIATE CAUSE (Final disease or condition resulting in death) [REDACTED]	
2b. SEQUENTIAL LIST OF CONDITIONS (If any, leading to the cause listed on line a. Enter the underlying cause that initiated the events resulting in death) LAST [REDACTED]		2b. SEQUENTIAL LIST OF CONDITIONS (If any, leading to the cause listed on line a. Enter the underlying cause that initiated the events resulting in death) LAST [REDACTED]		2b. SEQUENTIAL LIST OF CONDITIONS (If any, leading to the cause listed on line a. Enter the underlying cause that initiated the events resulting in death) LAST [REDACTED]		2b. SEQUENTIAL LIST OF CONDITIONS (If any, leading to the cause listed on line a. Enter the underlying cause that initiated the events resulting in death) LAST [REDACTED]	
2b. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST [REDACTED]		2b. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST [REDACTED]		2b. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST [REDACTED]		2b. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST [REDACTED]	
2b. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I [REDACTED]		2b. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I [REDACTED]		2b. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I [REDACTED]		2b. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I [REDACTED]	
2b. PART III. OTHER CAUSES <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		2b. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input type="checkbox"/> No		2b. TIME OF DEATH (Approximate) 10:30 AM		2b. DID THIS CONDITION CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probable <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2b. DATE PRONOUNCED (Month/Day/Year) [REDACTED]		2b. DATE OF INJURY (Month/Day/Year) [REDACTED]		2b. TIME OF INJURY (Month/Day/Year) [REDACTED]		2b. IF FEMALE <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 48 days of death <input type="checkbox"/> Not pregnant, but pregnant 48 days to 1 year before death <input type="checkbox"/> Unknown [REDACTED]	
2b. DATE CORRECTED (Mo/Day/Yr) [REDACTED]		2b. DATE AMENDED (Mo/Day/Yr) [REDACTED]		2b. TIME OF INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		2b. PLACE OF INJURY - at home, farm, street, factory, office, building, etc [REDACTED]	
2b. REGISTRAR [REDACTED]		2b. SIGNATURE AND TITLE OF CERTIFIER Jan Kriska, M.D.		2b. DATE OF INJURY (Street/Number/City/State) 905 Rockford Street Mount Airy, NC 27030		2b. IF TRANSPORTATION INJURY SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) [REDACTED]	
2b. DATE CORRECTED (Mo/Day/Yr) [REDACTED]		2b. DATE AMENDED (Mo/Day/Yr) [REDACTED]		2b. DATE FILED (Month/Day/Year) Oct. 6, 2016		2b. DATE SHOT (Month/Day/Year) 10/3/16	
2b. DATE CORRECTED (Mo/Day/Yr) [REDACTED]		2b. DATE AMENDED (Mo/Day/Yr) [REDACTED]		2b. ITEM(S) CORRECTED [REDACTED]		2b. ITEM(S) AMENDED [REDACTED]	
2b. DATE CORRECTED (Mo/Day/Yr) [REDACTED]		2b. DATE AMENDED (Mo/Day/Yr) [REDACTED]		2b. DATE REGISTERED BY STATE [REDACTED]		2b. DATE REGISTERED BY STATE [REDACTED]	
2b. DATE CORRECTED (Mo/Day/Yr) [REDACTED]		2b. DATE AMENDED (Mo/Day/Yr) [REDACTED]		2b. DATE FILED (Month/Day/Year) [REDACTED]		2b. DATE SHOT (Month/Day/Year) [REDACTED]	
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2b. DATE CORRECTED (Mo/Day/Yr) [REDACTED]		2b. DATE AMENDED (Mo/Day/Yr) [REDACTED]		2b. ITEM(S) CORRECTED [REDACTED]		2b. ITEM(S) AMENDED [REDACTED]	
2b. DATE CORRECTED (Mo/Day/Yr) [REDACTED]		2b. DATE AMENDED (Mo/Day/Yr) [REDACTED]		2b. DATE FILED (Month/Day/Year) [REDACTED]		2b. DATE SHOT (Month/Day/	